79-01786 CERTIFICATE OF DEATH REGISTRAR DECEASED NAME MIDDLE LAST 20. DATE OF DEATH (TYPE OR PRINT) Mortimer BROADWATER Tames January 3 SEX 4 RACE DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR HTHOM YEAR 02 01 97 81 White Male Ta. BIRTHPLACE STATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY DIVORCED Garrett New Germany. WIDOWED ID CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12n USUAL OCCUPATION IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS (TYPE OF WORK FOR MOST OF WORKING LIFE) Retired Farmer Farming Garrett County Memorial Hospital Oakland DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13c CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? PE Md. Garrett Star Route, Grantsville, NOX Grantsvill 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST Ellen Broadwater Peter H. Broadwater Dorcas ADDRESGrantsville, Md. 160 WAS DECEASED EVER IN U.S. ARMED FORCES?
(YES, NO OR UNKNOWN) (IF YES, GIVE WARDS DATES) 166 SOCIAL SECURITY NO 17 INFORMANT Mrs. Hester Broadwater, Star Route Yes 36-7817 WW 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a), DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause to, stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-BUT NOT RELATED TO THE THEM IN ALL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0 90 DATE OF OPERATION 206. IF YES, WERE FINDINGS USED 96 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [entol Hygi 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 38 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M ž 21d INJURY OCCURRED 111. LOCATION à 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN WHILE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stoted above, (1) (we) (did) (did not) view the bady after death Dept. 226. SIGNATURE DEGREE ATTENDING _ MEDICAL STAFF be deto PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 224 PHYSICIAMS NAME (MPE OR PRINT) 22e ADDRESS should be 21550 Oakland, MD Dr. B. L. Grant 230 BURIAL CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE Grantsville Cemetery Grantsville, Garrett, Md BP. Burial

eurnau Grantsville, Md.

FOR

FUNERAL DIRECTOR

DHMH - 16 50M 7/77

(VR A 15 (4))

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7h HOUR

9:15

HOURS

12h KIND OF BUSINESS OR

APPROXIMATE INTERVAL

NO M

STATE

COUNTY

250 DATE REGID. BY REGISTRAR'S SIGNATURE

22c DATE SIGNED

IF UNDER 24 HRS

Md.

1979

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2-3	1	FOR STATE REGISTRAR		DEPARTM	MENT OF HE	OF MARYLAND LLTH AND MENTAL HYG ATE OF DEATH	IENE 79-	1787	
			Joseph Mc	Crum BROWN	IING		January 0	1, 1979	26 HOUR 808P
ge 4 mo	3.	Male Male	4 RACE Whi	te	S. DATE OF MONTH	BIRTH 3. 1894	6. AGE (IN YEARS LAST BIRT	MONTHS DAYS	IF UNDER 24 HRS
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oby the func filed within	5	Oakland, Md.	Garrie t	kland, Md.	en or ia	1 Hospital	(TYPE OF WORK FOR MOST O Carpente:	F WORKING LIFE) INDUSTRY	ood
y filled in should be emust be	5 M	aryland	Garnett	Oakland	N 11.	YES 🛛 NO 🗌	13e STREET ADDRESS 19 W. Cent	er Street	
omplete ond 2	0	FATHER'S NAME FIRST John	MIDDLE M.	Browning	g	Missouri	Louise		
be execu	16	WAS DECEASED EVER IN (YES, NO OR UNKNOWN) (II	U.S. ARMED FORCES FYES, GIVE WAR OR DATES) WW I	220-10-2		r informant Mrs. Mary L.	Browning,	ss See #13 above	9
physical physical physical proper employer event, the		PART I. DEATH WAS	Enter only one couse p CAUSED BY: MEDIATE CAUSE (a)	martain	he 1	Gencinon,	nar	BETWEEN C	MATE INTERVAL
he deoth ce he ottending emove carb mation, or r troumatic		Conditions, If ony, we gave rise to immediate (a), stoting	hich (1b)	OR AS A CONSEQUE	nom	a esceptog	as	1415	
gned by t a please r bural, cre		underlying couse PART 2. OTHER SIGNIFI	last (c)			OT RELATED TO THE TERM	INAL DISEASE OR CONI	DITION GIVEN IN PART 110) 1
n. n. nos been si permit The ne prior to ws ony inju		190 DATE OF OPERATIO	N 196 CON	IDITION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES	
Scote by Const dygie	1	216. ACCIDENT WAS UNDERL	YING 21b. TIME	OF INJURY		11c. HOW INJURY OCCURR			140 []

HOUR A.M. MONTH DAY YEAR TO FUNERAL DIRECTOR: After this certific should be detoched for use os the buriol-tr with the State Dept. of Health and Mental I OR CONTRIBUTING CAUSE OF DEATH MEDICAL IMPORTANT; If Hem 21 is morked or Item (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN STREET COUNTY STATE WHILE NOT WHILE 22s I certify that (1) (this hospital) alse ided the desegred fro saw the deceased alive an and that in (my) (our) opinion death occurred an the date and hour and from the causes stated obove, (1) (we) (did) (did nat view the body after death 226 SIGNATURE 22c. DATE SIGNED DEGREE ATTENDING ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN SNAME (TYPE OR PRINT) 22e ADDRESS Dr. B. L. Grant, M.D. 21550 Third Street, Oakland, Md. 23d LOCATION 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY STATE COUNTY burial 1/4/79 Garrett Co. Mem. Gardens, Oakland, Garrett, Md 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. POGISTRAR'S SIGNATURE Sec Cready Bradley A. Stewart Oakland, Maryland 21550

BP. DHMH - 16 50M 7/77 (VRA 15 (4))

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DHMH - 16 50M 7/77 (VR A 15 (4))

FOR

REGISTRAR

L DECEASED NAME

- STATE

TYPE OR PRINT

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

LAST

CERTIFICATE OF DEATH

20 DATE OF DEATH MONTH

IF UNDER 24 HRS

IF UNDER 1 YEAR

12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Pinkerton Box 105 VanSickle Bruner. Rt.1. Friendsville. Md APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Mins. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO F 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART) OR PART 2) COUNTY STATE and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN Burial Asher Glade Cem. Friendsville, Garrett, Md. 24. FUNERAL DIRECTOR Grantsville, Md.

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requires that the death certificate be

ATTENDING PHYSICIAN: The low

TO HOSPITAL

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

retained by the hospital or attending physician

may be

completely filled in by the funeral is 1 and 2 should be filed within 72 h

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and coshould be detached for use as the busial-transit permit. Then please remove carbanpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-01789

		REGISTRAR				CENTI	ICAIL OI	DEMIII		REG. NO.			
		CEASED NAME	FIRST		MIDDLE	10.0	LAST	0.50	20 DATE OF D				26 HOUR
	Titler	OKPRINI	George	Edv	vard	CODD	INGTON	, Sr.		120	1 11	79	11:10P
	3 SE	X		4 RACE		5. DATE	OF BIRTH	YEAR	6. AGE (IN YEAR	S LAST BIRTHDA		UNDER TYEAR	
		Male		White	9	Dec	. 25,	1899	79		YRS	NTH5 DAYS	HOURS MIN
1	C	IRTHPLACE (STATE O	OR FOREIGN		WHAT COUNTRY?	MARRIE	D NEVER	MARRIED 🖾	9. BALTIMORE	CITY OR	COUNTYO	FDEATH	
2		Maryland		US		WIDOW		DIVORCED					MD
4		akland			HOSPITAL, NURSIN HUACRIPOGIVE MERI		spital	STITUTION	120 USUAL OC (TYPE OF WORK FO Watchn	OR MOST OF W		INDUSTRY	of BUSINESS OR Highway
5	USU,	AL RESIDENCE (IF N STATE Md.	13b COUR	rother institution VIY rett	GIVE RESIDENCE BEFORE 134. CITY OR TOWN Oakland	N	13d. INSIDE	CITY LIMITS?	13e. STREET AD	DRESS	737 E	. Oak	Street
0	14 FA	ATHER'S NAME FIRST Asa	_	MIDDLE	Codding	ton		R'S MAIDEN NAM FIRST IOllie		MIDDLE		Gow	
I		VAS DECEASED EV		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORA	MANT		ADDRESS	VET HE		
1		no			214-28-6	392	Mrs.	Mabel V	. Coddin	igton,	See		
		18 CAUSE OF DE PART I. DE ATH	ATH (Enter or I WAS CAUSE IMMEDIA	nly one cause per D BY: TE CAUSE (0)	ereberal	vasc	ular a	ccident				BETWEEN	AMATE INTERVAL
	NOI	underlying co		(c)	R AS A CONSEQUE		TNOT RELATI	ED TO THE TERM	INAL DISEASE C)R CONDIT	ION GIVEN	I IN PART 1	(0)
2	CERTIFICATION	19a DATE OF OPE	RATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERF	ORMED	200 AUTOPS				NGS USED S OF DEATH?
	MEDICAL CER	210 ACCIDENT WAS OR CONTRIBUTING [(IF EITHER, NOTIFY ME	CAUSE OF DE	Р.	M. MONTH DA	YEAR		PT YES	RED (ENTER NATUR	E OF INJURY IN	ITEM 18, PART	1 OR PART 2)	
	MED	21d. INJURY OCC WHILE NO AT WORK AT	T WHILE WORK	21e PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, F		211 LOCAT	ION	CI	ITY OR TOWN		COUNTY	STATE
		22a.1 certify that sow the deep above, (f) (we	(I) (this hospi	tol) organized th	decensed from	196	nd that in (m	y) (our) opinion	, todeath occurred t	11 on the date	ond hour a	ind from the	
	/	276. PHYSICIAN'S	NAME (SVA)	FE	4	0	DEGREE		MEDICAL DIRECTOR	STAFF	и 🗌	1-1	2-1979
1	1			ter, Jr.	, M. D.				St., Oak	land,	Md.		
		BURIAL, CREMATIC		23b. DATE	23 c. N	NAME OF	CEMETERY OF	RCREMATORY	23d. LOCATIO	NC	co	DUNTY	STATE
		bu	rial	1/14/	79 08	aklan	d Ceme						ryland
		UNERAL DIRECTOR			ADDRESS	11		HAN	1 7 107	ISTRAR 256	REGISTRA	R'S SIGNA	TURE
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME MIDDLE 2n DATE OF DEATH (TYPE OR PRINT) 3:35 01-30-79 Charles Engle Falkenstein 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HR YEAR white male 78. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED 1 NEVER MARRIED Oakland, Garrett WIDOWED Q CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE-OF WORK FOR MOST OF WORKING LIFE) Garrett (0. Mem. Framing Oakland Janmer. JSUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Preston Jerra Alta 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS YES T 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME Falkenstein MIDDLE Bentha Engle ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Y (YES, NO OR UNKNOWN) (IF NEW GIVE WAR OR DATES) Garrett County Memorial Hospital Oakland, Mc APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line to 1), (b), on the PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a 19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 21g. ACCIDENT WAS UNDERLYING 71h. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 211 LOCATION 71d. INJURY OCCURRED 71a PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 270.1 certify that (1) (this hospital) optended the deceased from 4 pril 79, and that in (my) (con) opinion death accurred on the date and hour and from the causes stated sow the deceased alive on DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN ATTENDING 17d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRES Herbert H. Leighton M.D.

230. BURIAL CREMATION, REMOVAL 23b. DATE Burial 2-2-79

23¢ NAME OF CEMETERY OR CREMATORY ranesville (emetery

2. Jerra Alta Preston

DHMH - 16 50M 7/77 (VRA 15(4))

24 FUNERAL DIRECTOR

LA DATE REC'D, BY REGISTRAR'S SIGNATURE

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 2s. DATE KNOWN (TYPE OR PRINT) OF ESTI-DELAY IS NECESSARY, PLE ASE 3 TO THE FUNERAL DIRECTOR. IN PAGE 5 FOR YOUR FILES. OBE FILED, WITHIR 72 HOURS. RDS, BOT W. RRESTON STREET, Harvey Milton Fike DEATH MATED 19 4. RACE & AGE (IN YEARS IF UNDER 1 YR. 5. DATE OF BIRTH IF UNDER 24 HRS DATE 79 DAY LAST BIRTHDAY PRONOUNCED White Oct.11,1889 Male Th CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 1. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED WIDOWED IX DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS ROTALCH ROUTE STOET ADDRESS) Oakland FOR MOST OF WORKING (IFE) OR INDUSTRY 3. RETAIN PA SHOULD BE F Farming USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13c. CITY OR TOWN 138. INSIDE CITY LIMITS? 13e. STREET ADDRESS Oakland URS AFTER DEAN.
8. GIVE PAGES 1, 2, AN.
WITH FORM PM 3. RI
AGES 1 AND 2 SHC Rural Garrett YES [NOT 14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Silas Fike Matilda Slaughbaugh 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO. **ADDRESS** (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) No 234-32-7689 Mrs. Barbara Hauser Eglon, W. Va. 18 CAUSE OF DEATH (Enter only one couse per Coronary dartery disease BELL BELL BT AND DEATH A BURIAL-TRANSIT PERMIT SED AS A BURIAL-TRANSIT PERMIT HEALTH AND MENTAL HYGIENE, CREMATION, OR REMOVAL. IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Arteriosclerosis, generalized ... Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, 301 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g). CERTIFICATION USED 19a DATE OF OPERATION E WORD "PE 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E DEPARTMENT OF PRIOR TO BURIAL, YES BE 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 21 SHOULD HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 218 PLACE OF INJURY (AT HOME 21f. LOCATION TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE. WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 PRI STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY WHILE AT WORK STATE 22a. I certify that taak charge at the remains described above, held an Autapsy Inspection and in my apinian death resulted from: Natural causes Accident Hamicide Undetermined manner 1-4-1979 DEBUTY ACTUAL MEDICAL EXAMINER SIGNED 107 S. 2nd. St., Oakland, Md. EXAMIDIER'S NAME James H. Feaster, Jr., M. D. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial Jan. 7, 1979 Eglon Cemetery Eglon Preston W. BP 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH-17** Lester R. Hinkle Box 186 Davis, W.Va. (VR A15 ME (5)) 15M 7/77

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I	10. C	TY OR TOWN	OF DEATH	11. NAME OF H	HOSPITAL, N	URSING HOME,	OR OTHER	R INSTITUTI	ION 12	FOR MOST OF WO	JPATION (TYPE	OF WORK 12b.	OR INDUST	
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			Va. G	rant	El	k Garder	1	YES 🗌	NO K		#1, Bo	x 98		
1	14. F.	ATHER'S NAME	PLY S	WIDDLE		LAST	1	5 MOTHER	S MAIDEN	NAME	MIDDLE		LAST	
6		Jacob		abriel		Hanlin			cinda	Su	san	Rod	lerick	
	16a. \	ES. NO. OR UNKNO	DEVER IN U.S. AR	MED FORCES? WAR OR DATES)		OCIAL SECURITY		7. INFORMA			ADDRESS	11		
l		no				4-64-284	2	Mrs.	Cora	S. Davi	s, See	#13 ab		
		18 CAUSE O PART I DE	F DEATH (Enter or ATH WAS CAUSE	nly ane cause per l									APPROXIMATI	T AND DEATH
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	SAL	UNDERLYING CONTRIBUTIN	OR CAUSE OF		a.m. mont P.m.	H DAY YEAR								
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	×	WHILE AT WORK	AT WORK	STREET, P	PACTORY, FARM	, ETC.)	STR	FEI		CITY OR T	NWC	COUNTY		STATE
			y that I taak charg	se of the remains	described at	pave, held on	Autapsy		Inspection	X Inquir	K and	l in my opinio	20	-1/21/
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			X	7 X	(/	, 5010		TITLE (SPE		odereriiiiied ii				
		ACTUAL SIGNATUREZ	an w	JE	1-	-20	M.d	DEPUTY	- /	_MEDICAL EXA	MINER	DATE SIGNED -	25-79	
2			LAME								THE CENT	3101402		
-		(TYPE OR PRIN	Jame	s H. Fea	ster,	Jr., M.	D. AI	DDRESS_1	L07 S.	2nd. S	t. Oak	land,	Md.	
	23c.B	JRIAL, CREMAT	ION,REMOVAL	23b. DATE	230	NAME OF CEM	ETERY OR	CREMATOR	RY	23d. LOCATION		COUNTY		TATE
			rial	1/27/79	1	Rehoboth	Ceme	etery		Mt Sto	orm, Gra	ant M	00+ TT:	
		NERAL DIREC		ADDR				25	O. DATE REC	D. BY REGISTS	APC 25b. REGIST	TRAR'S SIGN	ATURE	day
	Br	adley 2	A. Stewar	rt Oak	land,	Marylan	d 21	550	27.11			/		/

	1.	FOR			PEPARTMEN	STATE IT OF HE	OF MARYLAN ALTH AND MI	ND ENTAL H	YGIENE					
	1-	STATE REGISTRAR					'S CERTIFIC			REG. N	.9 -	01	79	4
		CEASED NAME	Richa	rd t	widdre	TI	LAST		20. DATE OF DEATH		MONTH		YEAR 19 79	26. HOU 1250
	3. SE		ACE	5 DATE OF BIRTH	YEAR 6. AC	GE (IN YEARS ST BIRTHDAY)	inebaugh IF UNDER 1 YR. MONTHS DAYS	IF UNDER 2	24 HRS. 2c. DATI	E NCED	MONTH	DAY	YEAR	2d. HOU
	Ja. B	RTHPLACE (STATE O		May 10, 1		25 YRS.	AARRIED X NE	VER MARRIE	DEAI	MORE CITY	OR COUN		19 79	#30P
0		est Virgi TY OR TOWN OF D Oakland	DEATH	USA 11. NAME OF HOSE (IF NOT IN SUCH FACE RURAL Rt	PITAL, NURSING	G HOME, OF	DOWED	DIVORCE	IZO USUAL OCCU FOR MOST OF WO Operat	RKING LIFE)		OR	INDUST	MI USINESS RY Iuip.
5		AL RESIDENCE (IF IN TATE Md.	NURSING HOME C	OR OTHER INSTITUTION, GIV	13c. CITY OR T MCHen	OWN	13d. INSIDE CI YES	ITY LIMITS?	13e. STREET ADDR		O. Bo	x 36	6	
0	14. F	John	7	Alvin	Hineba	ugh	F	R'S MAIDER	/	WIDDLE LYV			ast	
1	16a. V	VAS DECEASED EV ES, NO, OR UNKNOWN) NO	ER IN U.S. ARA	MED FORCES? WAR OR DATES)	16b. SOCIAL S 220-58	ECURITY NO). I7. INFORA	MANT	rah L. Hi	ADDRESS		-		above
		18 CAUSE OF DE PART I DEATH	WAS CAUSED	TE CAUSE (a)			Asp	hyxia	tion	198		BETW	PROXIMATE FEN ONSE	E INTERVAL T AND DEATH
	2	gave rise t	f any, which a immediate ing the under-	(b)	AS A CONSEQU		Dro	wning					11	
		lying cause la	st.	(c)	AS A CONSEQU UT NOT RELATED TO		DISEASE OR CONDITION	N GIVEN IN PAR	T 1 (a).					
)	CERTIFICATION	19a. DATE OF OPE			swatte:		ON WAS PERFOR					20 AI	UTOPSY	?
3		210 EXTERNAL CA UNDERLYING CONTRIBUTING		21b. TIME OF HOUR A.M.	INJURY MONTH DAY	YEAR	1c. HOW INJURY	OCCURRED	(ENTER NATURE OF IN	IJURY IN ITEM 18	PART 1 OR P.		ES X	NO 🗌
5	MEDICAL	CONTRIBUTING [21d. INJURY OCCU WHILE NO AT WORK AT	JRRED	21e PLACE O STREET, FACTO	FINJURY (AT DRY, FARM, ETC.)	HOME, 2	Snowmobi II LOCATION STREET	le we	nt thru i		C	OUNTY rrett		STATE
1		22a. I certify the death resulted or ACTUAL SIGNATURE		e af the remains desc			Autapsy X, Hamic TITLE (S) M.D. Dep	PECIFY)		anner .	nd in my o	pinian		
-		EXAMINER'S NAM	E	og II Fene	ter Tr	M.								36
>		(TYPE OR RINT)	Jane	es H. Feas			RY OR CREMATO		23d. LOCATION CITY OR TOWN	, van.	rana,	Mu.		

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	

1.	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG	GIENE 7	9-0	1795	
	ECEASED NAME AT 18	e L. J	ÖHNSTON		AST	20 DATE OF DEATH January	15, I	1979 YEAR	7h HOUR 6:47 P
3 SE	x Male	4 RACE White		5. DATE C	GAY YEAR	6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	# UNDER 24 HRS HOURS MIN
1 0	SIRTHPLACE (STATE OR FOREIGN COUNTRY) Laryland	US		WIDOWE		9 BALTIMORE CITY OF	OR COUNTY	OF DEATH	MI
F	Oakland	Garret	t Co. Mem	orial	Hospital	(TYPE OF WORK FOR MOST) Farmer-Mai	OF WORKING LIF	E) INDUSTRY	of Business or .ng-Mail
∫ 13a :	Md.	ome or other institution COUNTY Garrett	GIVE RESIDENCE BEFORE 130 CITY OR TOWN Oaklan	N	13d INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS	Rt.	#1, Bo	280
1	ATHER'S NAME FIRST Silas	Edward	Jonhsto		Rosie	ME MIDDLE Ellen	FCC	Sweit	zer
	WAS DECEASED EVER IN U. (YES, NO OR UNKNOWN) (IF YE	S, GIVE WAR OR DATES)	213-12-9		Hazel G. Joh				
	18 CAUSE OF DEATH (Ent. PART I. DEATH WAS C.	ter anly ane cause pe AUSED BY: EDIATE CAUSE (a)	r line far (a), (b), and	255	ire cu	IA		BETWEEN	ONSET AND DEATH
NO	Canditians, if any, white gave rise to immedia cause (a), stating 11 underlying cause last PART 2. OTHER SIGNIFIC	th (b)	OR AS A CONSEQUE	Dev NCE OF	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	IDITION GIV	YEN IN PART 1	V S
CERTIFICATION	190 DATE OF OPERATION	19b. COND	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO NO	IN CERTIF	S, WERE FINDI YING CAUSES	
	71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXAM	OF DEATH HOUR A	DF INJURY M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	JRY IN ITEM 18, P	PART 1 OR PART 2)	
MEDICAL	21d INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK	1 17 1100 110 01	OF INJURY REET, FACTORY, OFFICE, F.	ARM, ETC.)	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
	22a.1 certify that (1) this saw the described ali- abave, (1) (we) (did) (a			, ar	nd that in (my) (aur) apinian	death accurred an the c	lete and hou	-	that (I) (we') for causes stated
	226. SIGNATURE	Ulm	~		DEGREE ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE	SIGNED C
	27d. PHYSICIAN'S NAME	TYPE OR FRINT)	n		311 N. Four	th St,, Oal	land,	Md. 2	1550
23a	BURIAL, CREMATION, REMO (SPECIFY)				EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN		COUNTY	STATE
	burial UNERAL DIRECTOR NAME radley A. Ste		/79 Fi ADDRESS kland, Ma		Ι ΙΔ	Swanton, FREC'D, BY REGISTRAF N 2 5 1979	Gapre:	tt. Mar	wland

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR L DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-DEATH MATED James L. KELLY 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 20. DATE LAST BIRTHDAY PRONOUNCED Male White 5, 1925 Mar. 53 DEAD To BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Pennsylvania USA WIDOWED DIVORCED Garrett II. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) SHOULD BE Oakland Route #5 Owner Auto Parts USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13o. STATE NA COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Pa. Westmoreland Belle Vernon NO K RD 2 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME 0 MIDDLE LAST MIDDLE DIVISION OF VI Edmund Kellv Livengood Mary 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO. OR UNKNOWN) LIFYES GIVE WAR OR DATES Mrs. Allyene Kelley, See #13 above yes 191-16-8010 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY SETWEEN ONSET AND DEATH Asphyxiation Minutes IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Drowning 44 Conditions, if ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 :01 **IFICATION** 190, DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES 🗔 NO . PRIOR TO BURIT 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING AOR MEDICAL CONTRIBUTING CAUSE OF DEATH 125084 19 79 | Snowmobile went thru ice 21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME. IF LOCATION STREET, FACTORY, FARM, ETC. STREET CITY OR TOWN WHILE AT WORK #5 Rt. Oakland Deep Creek Lake Garrett. 220 I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry X ond in my apinion death resulted from: Notural causes Accident Suicide Homicide Undetermined monner TITLE (SPECIFY) ACTUAL PAGE 4 SHOU AFTER DEATH, BALTIMORE, MA SIGNATURE DEPITTY SIGNED 1-6-1979 MEDICAL EXAMINER EXAMINER'S NAME TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE burial 1/9/79 BP Rehoboth Cemetery Rostraver, Westmoreland, 24. FUNERAL DIRECTOR **DHMH-17** (VR A15 ME (5)) Bradley A. Stewart Oakland, Maryland 30M 7/73 21550

Oakland, Maryland 21550

Bradley A. Stewart

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR L DECEASED NAME FIRST 20. DATE KNOW 7b. HOUR (TYPE OR PRINT) OF ESTI-Allen DEATH MATED 250% Randolph Mitchell (MITCHELL) WITHIN 72 HOURS 1979 6 6 AGE (IN YEARS | IF UNDER 1 YR 3. SEX 4 RACE DATE OF BIRTH DATE 2d. HOUR YEAR LAST BIRTHDAY) PRONOUNCED FUNERAL DIRE July 24, 1952 DEAD Male White 26 1979 3P M b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OF MARRIED X NEVER MARRIED FOREIGN COUNTRY) West Virginia USA DIVORCED WIDOWED Garrett PAGE 5 E FILED, 10. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Oakland Mechanic Rural Rt. 5 Auto SHOULD BE USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 113b. COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13a STATE Star Route #1 Md. Garrett McHenry YES 🗌 NO X AND 2 SHOF VITAL F 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST EIRST Darrell Mitchell Bird Dorothy M. 160. WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) 234-82-8129 Mrs. Janet L. Shaffer, Grove City, Ohio no APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY ASPHYXIATION MUNICIPES IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF BURIAL-TRANSIT 11 Canditians, if any, which DROWNING gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL, YES X NO [PRIOR TO BURIA 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING TOOR CONTRIBUTING CAUSE OF DEATH 6 1979 Snowmobile fell thru ice on lake 214 INJURY OCCURRED PLACE OF INJURY (AT HOME 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE NOT WHILE STATE | Deep Creek Lake Rural Rt Oakland Garrett Maryland GE 4 SHOULD BE FORM
5 FUNERAL DIRECTOR: P.
TER DEATH, WITH THE ST
ALTIMORE, MARYLAND, 21; 220. I certify that I taak charge of the remains described above, held an Inspection X Inquiry 38 and in my apinion Accident XX Undetermined manner Natural causes TITLE (SPECIFY) ACTUAL DATE SIGNED 1 - 7 - 1/9 79 MEDICAL EXAMINER EXAMINER'S NAME James H. Feaster, Jr., M. D. ADDRESS 107 S. TO FUI AFTER BALTIM 2nd. 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c, NAME OF CEMETERY OR CREMATORY 23d. LOCATION Bruceton Mills, Preston, W.Va. burial 1/9/79 BP Shady Grove Cemetery 25c. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH-17** Low Mc Creaty (VR A15 ME (5)) Bradley A. Stewart Oakland, Maryland 21550 15M 7/77

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME LAST 2a DATE OF DEATH 2b HOUR (TYPE OF PRINT) 6:7 1 50 Lerov Robison Jan. 4. RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3. SEX 5. DATE OF BIRTH IF LINDER 24 HRS 7896 White Male 7g. BIRTHPLACE (STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED WEVER MARRIED COUNTRY Maryland WIDOWED DIVORCED [Garrett 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY COAT (TYPE OF WORK FOR MOST OF WORKING LIFE) Miner ain St. Coal DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 21201 onld be USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 136 COUNTY 130 STREET ADDRESS Star Rt 13d INSIDE CITY LIMITS? itzmi Garrett 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME 2 6 MIDDLE FIRST MIDDLE Junkins jah Robi son Martha 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Kitzmiller. Md. 460 David Burdock Yes 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (O) Conditions, if any, which inoner gove rise to immediate ather t couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART CERTIFICATION 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20g AUTOPSY? pri IN CERTIFYING CAUSES OF DEATH? NO YES T NO [nd Mentol Hygie 216 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 2 Ic. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) Hem 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 71e PLACE OF INJURY 21f. LOCATION 50 STREET CITY OF TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE WHILE NOT WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on deal as amundo and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death 22h SIGNATURE/ DEGREE 22¢ DATE SIGNED * ATTENDING MEDICAL should be detor DIRECTOR | PHYSICIAN FUNERAL PHYSICIAN MPORTANT. 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS Kitzmiller. Md. Ralph Calandrella 23d LOCATION 23a BURIAL CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE STATE (SPECIFY) COUNTY Burial MOD FUNERAL DIRECTOR DHMH-16 60M 1/73 (VRA 15(4)) zmiller Mid

injury, or other troumotic

IMPORTANT: If Hem 21 is morked or Item 18 shows any

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-01804

	1.	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYO		9-01	804	
		CEASED NAME FIRST OR PRINT)	Florence	Ethel	Ros	ier	20. DATE OF DEATH		6 1979	26 HOUR 2 P
	3 SE	Female	Whate	9	5 DATE C		6. AGE (IN YEARS LAST	BIRTHDAY) YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN
35	7a. Bl	RTHPLACE ISTATE OR FOREIGN OUNTRY) Md		HAT COUNTRY?	MARRIEI WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CIT		Y OF DEATH	MD.
10		TY OR TOWN OF DEATH)akland	Cuppe t	t weeks	Nursi	ng Home	120 USUAL OCCUP TYPE OF WORK FOR MO DOME ST	ATION STOF WORKING L C	126. KIND O INDUSTRY HOUSE	BUSINESS OR WIFE
4	130 \$	AL RESIDENCE IF NURSING HOME OR STATE 136 COUN	other institution, of	BISONE RESIDENCE BEFORE	ADMISSION) Agton	163 10046	13e. STREET ADDRES	ngton,	Md.	
10	14 F.A	William "	AIDDLE	Davis		15. MOTHER'S MAIDEN NA	MIDDL		Wilso	h
1	(4	VAS DECEASED EVER IN U.S. AR/ ves, no or unknown) [IF yes, give	WAR OR DATES)	\$36-03-	3926	Mr. Rob	ert Rosie	r Weste	ernport,	Md.
		18 CAUSE OF DEATH lenter only one cause per line for (a) the and ich part I. Death was Caused by: IMMEDIATE CAUSE (o) Due to, or as a consequence of								
		Conditions, if any, which gove rise to immediate cause in stating the underlying cause last. (c) Conclusiona Consequence of Microsophic CV Disperse.								
7	CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPI					200 AUTOPSY?	20b. IF YE	ES, WERE FINDIN	IGS USED
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	216. TIME OF HOUR A.M	. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR				
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		22a certify that (1) (this hospit sow the deceosed alive an obove, (1) (we) (did) (did nat	1-3-	79 10		2 19 48 and that in (my) (our) opinion	deoth occurred on the	e dote and ho	our and from the	
	S	Began	ith			DEGREE ATTENDING PHYSICIAN [MEDICAL S	TAFF SICIAN [22c DATE	6-79
		22d, PHYSICIAN'S NAME (TYPE OF	PRINT)			22e ADDRESS				
	230 6	Burial (REMATION, REMOVAL	Jan .	11		EMETERY OR CREMATORY CIN Hill Cem.			Mineral	
		oals Funeral Se	rvice,	A. Wes	tern		A MC D BY REGISTR	AR 256. REGIS	TRAR'S SIGNAT	URE

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

MARYLAND 21201

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME O DATE KNOWN 18,19 (TYPE OR PRINT) Anthony 1020A Wayne SWIGER DEATH MATED 4. RACE 3. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IE UNDER 24 HRS 2d HOUR DATE 85 PIRTHDAY) PRONOUNCED 1030A Male White 70. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Va. Garrett DIVORCED 3 FILED, 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Cuppett-weeks Nursing Home FOR MOST OF WORKING LIFE) Gen Farmong Oakland SHOULD BE ORDS, USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13d. INSIDE CITY LIMITS? 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Sarah MIDDLE Swiger Isaac Yeater 166 SOCIAL SECURITY NO 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS (YES, NO, OR UNKNOWN) 232-09-6508 Roscoe H. Swiger, same as 13e 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Coronary artery disease lears IMMEDIATE CAUSE (o. DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic cardio-vascular disease 11 Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. DIVISION OF VITAL RECORDS, PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO I BURIAL 210 EXTERNAL CAUSE WAS 216 TIME OF INILIRY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR 2 CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME. IL LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE WHILE AT WORK 22a. I certify that I took charge of the remains described above held on Autopsy Inspection death resulted fram Suicide Undetermined manner Natural couses. Accident 1-18-79 AFTER DEATH, MEDICAL EXAMINER EXAMINER'S NAME James H. Feaster. Jr., M. D. 107 S. 2nd. St., Oakland, Md. (TYPE OF PRINT) 23e BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION Rural-Ock land, Garry, Pleasant Valley Cen. 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH - 17** perfry Machedy (VR A15 ME (5)) John O. Durst, Oakland, Md. 30M 7/73

79-01807 1478 to 15 1 months with Time of the cast was allowed a law time of the law to the law time. the second secon plant, mar 232-5 -5,65 tosses 1. Statust, pers endig which will be a district the state of the st er a salvede, etc., etc., et ill etc., etc . Free 1 2 on 1 Color, delay, delay, and

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injury, or other troumotic event, th

IMPORTANT: If Hem 21 is marked at Item 18 shows any

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

ĺ	1	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0. 7	9-018	808
į	1. DEC	CEASED NAME FIRST		MIDDLE	. 1	AST	20. DATE OF DEATH		DAY YEAR	2b HOUR
	100	Walter	E		Vav	Sickle		01-2	22-79	11:52 ^A _M
1	3. SEX	TOTAL DESIGNATION OF	4 RACE					HDAY)	MONTHS DAYS	IF UNDER 24 HRS
1	2 1 - 1	Male	White		06	- 24 - 95		YRS.		
1	CC	RTHPLACE (STATE OF FOREIGN DUNTRY)		WHAT COUNTRY?	MARRIE	NEVER MARRIED				
/		zelton, W.Va.	Americ							MD.
5	0a	kland /	Garrett	County	Mem.				LIFE) INDUSTRY	
0		RESIDENCE (IF NURSING HOME OF TATE US COUNTY OF THE COUNTY		13c CITY OR TOWN Hazel to		13d INSIDE CITY LIMITS? YES NO 🏋	General D	elive		
1	14. FA	THER'S NAME George	MIDDLE V	anSickle		Matitha	WE	Gu	thrie LASI	
7		(AS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? WAR OR DATES)	232-54		Grace VanSi			n, W.Va.	
1		18 CAUSE OF DEATH (Enter on	ly one couse per	line for (a), (b), and	dic	,			APPROXIE BETWEEN C	MATE INTERVAL
		PART I, DEATH WAS CAUSE IMMEDIAT	E CAUSE (o)	ands	090	nic Sho	CK			
ĺ		4399	DUE TO, O	AS A CONSEQUE	NCE OF				10 10 800	
		Conditions, it ony, which	((b) A	vterios	scle	rotic Card	iovascula	Y DIS	no Ve	ears.
		couse (0), stoting the underlying couse lost	DUE TO, O	R AS A CONSEQUE	NCE OF					
ì			(c)							
	NOI	PART 2 OTHER SIGNIFICANT (CONDITIONS <u>CC</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION G	IVEN IN PART 1(o	
1	CERTIFICATION	190 DATE OF OPERATION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERT	IFYING CAUSES	GS USED OF DEATH?
7		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	21b. TIME O HOUR A.	FINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18.	, PART 1 OR PART 2]	
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	P.		19	211 LOCATION				
	MEI	WHILE NOT WHILE AT WORK		HEET, FACTORY, OFFICE, FA	ARM, ETC)	STREET	CITY OR TOV	٧N	COUNTY	STATE
		22a I certify that (I) (the hospin saw the deceased alive an above, (I) (mo) (did no	1-27	2 107	7-5 7-01	ad that in (my) (our) opinion of	deoth occurred on the de	2 ote and ha		(1)
		226. SIGNATURE	_ /	121	100			- 30	22c. DATE	IGNED
		Henry 43	AG	56	11/1	ATTENDING PHYSICIAN Z			1-2	2-19
		PER PHYSICIAN'S NAME (TYPE OF	PRINT)	3/1-	1	22e ADDRESS	1121111111	-		
		GROYTE	Dis	totte	tus	100x 6	7 Frier	·dsi	ille	md
	23a BI	URIAL, CREMATION, REMOVAL	23b. DATE				23d LOCATION CITY OR TOWN	100	COUNTY	STATE
1	04 500	Burial	1-25-	79 Sh	ady C					
	IA FU	MERAL DIRECTOR	11 -	ADDRESS	117	DATE OF BIRTH ***OR** - 24* - 95** ***ARRIED NEVER MARRIED 9 BAITIMORE CITY OR COUNTY OF DEATH GATTECT COUNTY ***MODIFIC DAYS MOURS MIN. **YRS.** **MODIFIC DAYS MOURS MIN. **YRS.** **MODIFIC DAYS MOURS MIN. **YRS.** **MODIFIC DAYS MOURS MIN. **MODIFIC DAYS MIN. **MODIFIC				
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